

Dr T Crawford & Partners

Inspection report

129 Hazeldene Road
Northampton
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www.greenviewsurgery.co.uk

Date of inspection visit: 29 September 2023
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| Overall rating for this location | Requires Improvement |  |
|--|----------------------|---|
| Are services safe? | Good |  |
| Are services effective? | Requires Improvement |  |
| Are services caring? | Requires Improvement |  |
| Are services responsive to people's needs? | Requires Improvement |  |
| Are services well-led? | Good |  |

Overall summary

We carried out an announced comprehensive inspection at Dr T Crawford & Partners, also known as Greenview Surgery on 29 September 2023. Overall, the practice is rated as . requires improvement.

Safe - good

Effective - requires improvement,

Caring – requires improvement

Responsive – requires improvement

Well-led - good

Following our previous inspection on 14 June 2016, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr T Crawford & Partners on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- Patients’ needs were not always assessed fully and current guidance was not always followed.
- Patients did not always receive appropriate long-term condition reviews.

Overall summary

- The uptake for immunisations for children aged 5 years was below the minimum target set by the World Health Organisation.
- The uptake for cervical screening was below the 80% target set by the UK Health Security Agency.
- National GP patient survey data relating to patient satisfaction with the service was below local and national averages in some areas. The practice had taken actions to make improvements. However, the impact of these changes had not been assessed.
- Staff dealt with patients with kindness and respect.
- The practice had taken actions to improve the way patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Staff reported they felt supported by the GPs and practice management.

We found 1 breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Continue to take measures to improve the uptake of childhood immunisations and cervical screening.
- Continue to take actions to improve patient satisfaction in relation to involving patients in their care and treatment and access and appointment booking.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Dr T Crawford & Partners

Dr T Crawford & Partners is located in Northampton at:

Greenview Surgery

129 Hazeldene Road

Northampton

NN2 7PB

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the NHS Northamptonshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 9,781. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices that enables them to work with other practices in the area to deliver care.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fifth decile (5 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 86% White, 6% Asian, 4% Black, 3% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of 6 GPs. The nursing team consists of 5 practice nurses and a health care assistant (HCA). The clinical staff are supported at the practice by a team of patient navigators and administration staff all led by a practice manager and assistant practice manager.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by Northampton GP Enhanced Access Service, where evening appointments are available from 6.30pm to 9.30pm Monday to Friday and weekend appointments are available from 9am to 5pm on Saturday and Sunday.

When the practice is closed, out of hours services can be accessed via the NHS 111 service.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We carried out a remote review of the clinical system and found there were 13 patients diagnosed with asthma who had been prescribed more than 12 short acting inhalers in the previous 12 months. We reviewed 5 patients and found 2 of these had not received an adequate consultation, which included an examination, review and assessment when present when they had worsening symptoms or when their inhalers were not working.</p> <p>Our remote review of the clinical record system found there were 11 patients who had potentially a missed diagnosis of diabetes. We reviewed 5 of these patients and found 4 had not been followed up following abnormal blood tests. Further blood tests, treatment or screening was not carried out.</p> <p>A remote review of the patient record system showed that patients did not always receive appropriate long-term condition reviews. For example,</p> <ul style="list-style-type: none">• We reviewed 5 patients diagnosed with asthma who required high dose steroid treatment for severe asthma episodes and found they were not always followed up in line with national guidance to ensure they received appropriate care. Patients were not followed up within 48 hours and recommended doses and quantities of steroids were prescribed. We found patients were not always given advice on what action to take if their condition failed to improve or worsened. There was no direct assessment of some patients, their consultation was completed by electronic questionnaires without a physical examination. When patients were seen face to face a recording of observations such as pulse, temperature and oxygen saturation levels were not always recorded in the patient record. |

Requirement notices

- We reviewed 5 patients diagnosed with hypothyroidism and found they were all overdue monitoring and a review of their condition. Patients had been contacted to attend for a review, however, they were not followed up if they did not respond. A code had been added to 1 patient record to say monitoring had been completed but there was no evidence of appropriate blood monitoring recorded or that the patient was present for of the review.
- There were 36 patients diagnosed with diabetic retinopathy who had a high average blood glucose level. We reviewed 5 of these patients and found medicine reviews codes had been added to records to say monitoring had been completed but there was no evidence of appropriate blood monitoring recorded or that the patient was present for of the review. There was 1 patient overdue a review and 1 patient had not been reviewed following a change to their medicine.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.